

Authorization Agreement for ACH Credits

Enrollment Form

Dear Valued Vendor:

Lee County is now offering Automated Deposits (ACH Credits) to expedite your payment(s). If you choose to participate in the Automated Deposit Program, you will need to complete the Authorization Agreement for ACH Credits Enrollment Form and submit the completed form, along with a cancelled check, to the Division of Procurement Management. If you wish to be notified of your ACH deposit details by email, please include a valid email address in the space provided below.

Depository Bank Name:

City: State: Zip Code:

Routing Number: Account Number:

The diagram shows a check with the following fields and labels:

- NAME OF DEPOSITOR
- STREET ADDRESS
- CITY, STATE
- 101
- PAY TO THE ORDER OF: _____ \$
- _____ DOLLARS
- NAME OF YOUR BANK
- Payable Through Another Bank
- For _____
- ROUTING NUMBER:
- ACCOUNT NUMBER:

Company Name:

Address:

City: State: Zip Code:

Federal Tax ID: Contact Name:

Phone: Fax:

Email Address*:

* Note: Future email address change requests should be sent to APACH@leeclerk.org

I (We) hereby authorize the Lee County Board of County Commissioners to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form your payment will be delayed until the funds are returned to the County's bank account. If you do not agree with all the above terms and conditions, your ACH Agreement will not be accepted. Please return this form to:

Lee County BOCC
Attn: Procurement Management
P.O. Box 398
Fort Myers, FL 33902-2238

Phone: 239-533-8881 fax 239-485-8383

All future changes to the Financial Institution Information you have provided to us will require a new Enrollment Form to be completed and mailed to the above address.

Authorized Signature: Date:

Printed Name: